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MARSHALL, GERSTEIN & BORUN LLP
233 S. WACKER DRIVE, SUITE 6300
SEARS TOWER
CHICAGO, IL 60606

EXAMINER

RINES, ROBERT D

ART UNIT PAPER NUMBER

3626

DATE MAILED: 03/10/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No. 10/007,066	Applicant(s) DVORAK ET AL.	
	Examiner Robert D. Rines	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 05 December 2001.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-69 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-69 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date <u>3/12/02, 6/17/02</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

[1] This communication is in response to the patent application filed 5 December 2001. It is noted that this application benefits from Provisional Patent Application Serial No. 60/258,008 filed 22 December 2000. The IDS statements filed 12 March 2002, 17 June 2002, 3 March 2003, 4 August 2003, 18 February 2004, 26 October 2004, 14 February 2005, 7 April 2005, 25 July 2005 have been entered and considered. Claims 1-69 are pending.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

[2] Claims 11-12 and 14-20 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

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[A] In claim 11 of the present case, the applicant recites the phrase "The integrated health care record system of claim 10 wherein the personal medical information includes..." (Claim 11; lines 1/2). However, claim 10, from which claim 11 depends, specifies that "information related to the health care delivery includes at least one of personal medical information and medical history" (Claim 10, lines 2/3). Given the above noted requirements provided by claim 10, "the personal medical information" to which claim 11 is directed does not necessarily exist preceding claim 11. Accordingly, there is insufficient antecedent basis for the limitation "the personal medical information" recited in claim 11. Therefore, claim 11 is rejected under 35 U.S.C. 112, second paragraph, for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

[B] Claims 12 and 14-20, when analyzed in the same manner as described with regard to claim 11 above, are also rejected under 35 U.S.C. 112, second paragraph, for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

[3] Claims 1-15, 18-26, 31-50, and 55-69 are rejected under 35 U.S.C. 102(b) as being anticipated by Evans (United States Patent #5,924,074).

[A] As per claim 1, Evans teaches a patient-centered integrated health care record for a health care system, comprising: a common data repository for storing patient-related information (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21) including information related to health care delivery for a patient (Evans; col. 4, lines 64-67, and col. 5, lines 1-21), and information related to health care delivery management for the patient (Evans; col. 2, lines 31-44).

[B] As per claim 2, Evans teaches an integrated health care record wherein the common data repository includes a storage media, and patient-related information is stored as formatted data on the storage media (Evans; col. 4, lines 64-67, col. 5, lines 1-21, and col. 13, lines 1-30).

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[C] As per claim 3, Evans teaches an integrated health care record further comprising a database residing on the storage media, wherein the formatted data is stored in the database (Evans; col. 4, lines 64-67, col. 5, lines 1-21, and col. 13, lines 1-30).

[D] As per claim 4, Evans teaches an integrated health care record wherein the common data repository includes a storage media, and patient-related information is stored as a link to formatted data on the storage media (Evans; col. 4, lines 64-67, col. 5, lines 1-21, and col. 13, lines 1-30).

[E] As per claim 5, Evans teaches an integrated health care record further comprising a file stored on the storage media and including the formatted data, wherein the link is an address link to the file for accessing the formatted data (Evans; col. 6, lines 37-54)

[F] As per claim 6, Evans teaches an integrated health care record further comprising a plurality of files stored on the storage media, the plurality of files including the formatted data, wherein the link is an address link to at least one of the files for accessing the formatted data (Evans; col. 6, lines 37-54).

[G] As per claim 7, Evans teaches an integrated health care record wherein the common data repository includes a storage media, and wherein patient-related information is provided as elements of a category list, and patient-related information is stored as a selection from the category list (Evans; col. 6, lines 37-54).

[H] As per claim 8, Evans teaches an integrated health care record wherein the common data repository includes a plurality of storage media for storing the patient-related information (Evans; col. 9, lines 39-60 and col. 13, lines 1-5).

[I] As per claim 9, Evans teaches an integrated health care record wherein the common data repository includes a storage media, the storage media comprising at least one of a hard disk, a computer diskette, a compact disc, and a magnetic tape (Evans; col. 13, lines 1-5).

[J] As per claim 10, Evans teaches an integrated health care record wherein the information related to the health care delivery includes at least one of personal medical information and medical history (Evans; col. 5, lines 13-27).

[K] As per claim 11, Evans teaches an integrated health care record wherein the personal medical information includes at least one of information regarding patient allergies, current medical conditions, and encounters with health providers (Evans; col. 11, lines 65-67 and col. 12, lines 1-35)

[L] As per claim 12, Evans teaches an integrated health care record wherein the medical history includes at least one of immunizations, past medical conditions, past medical procedures, laboratory results, family medical history, social history, and medical risk factors (Evans; col. 9, lines 1-14).

[M] As per claim 13, Evans teaches an integrated health care record wherein the information relating to health care delivery management includes at least one of risk management information, financial information, patient demographic information, security information, scheduling information, patient status information and hospital structure information (Evans; col. 5, lines 29-55 and col. 9, lines 1-36).

[N] As per claim 14, Evans teaches an integrated health care record wherein the risk management information includes information related to at least one of payors, medical coverages, medical benefits and billing information (Evans; col. 5, lines 29-55).

[O] As per claim 15, as noted in the background section of Evans, integrated health care records including at least one of account balances, charges and payments are old and well-known in the art (Evans; col. 1, lines 13-30).

[P] As per claim 18, Evans teaches an integrated health care record wherein the scheduling information includes information related to at least one of providers, types of appointment, availability of appointment, reason for visiting, future arrival status, past arrival status, and multiple notes (Evans; col. 5, lines 56-67 and col. 6, lines 1-9).

[Q] As per claim 19, Evans teaches an integrated health care record wherein the patient status information includes at least one of inpatient status, ambulatory status, registration status, and

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past patient identifications (Evans; col. 4, lines 64-67 and col. 5, lines 1-28).

[R] As per claim 20, Evans teaches an integrated health care record wherein the hospital structure information includes at least one of hospital unit information, hospital room number and hospital bed number (Evans; col. 4, lines 64-67 and col. 5, lines 1-28).

[S] As per claim 21, Evans teaches an integrated health care record wherein the patient-related information is stored in a common format in the common data repository (Evans; col. 5, lines 13-27 and col. 13 lines 57-65).

[T] As per claim 22, Evans makes no mention of record duplication but Evans does teach tiered security measures that prohibit unauthorized manipulation of patient data (Evans; col. 15, lines 9-32). The examiner interprets the above noted teachings of Evans to encompass the applicants limitation of an integrated health care record wherein the patient-related information is not duplicated on the common data repository.

[U] As per claim 23, Evans teaches a health care system comprising: a patient-centered integrated health care record (Evans; Abstract and col. 2, lines 1-44) including information related to health care delivery for a patient (Evans; col. 2, lines 30-44, col. 4, lines 64-67, and col. 5, lines 1-21), and information related to health care delivery management for the patient (Evans; col. 2, lines 30-44); and a system user interface in communication with the integrated health care record for accessing the integrated health care record (Evans; col. 2, lines 22-30).

[V] As per claim 24, Evans teaches a health care system wherein the information related to the health care delivery includes at least one of personal medical information and medical history (Evans; col. 5, lines 13-27).

[W] As per claim 25, Evans teaches a health care system wherein the information relating to health care delivery management includes at least one of risk management information, financial information, patient demographic information, security information, scheduling information, patient status information and hospital structure information (Evans; col. 5, lines 29-55 and col. 9, lines 1-36).

[X] As per claim 26, Evans teaches a health care system further comprising a lock manager in communication with the patient-centered integrated health record and the system user interface, the lock manager controlling the system users access for writing information to the patient-centered integrated health care record (Evans; col. 15, lines 9-32).

[Y] As per claim 31, Evans teaches a health care system further comprising a plurality of patient-centered integrated health care records, each of the patient-centered integrated health care records including information related to health care delivery and information related to health care delivery management for a corresponding patient (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21).

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[Z] As per claim 32, Evans teaches a health care system wherein the plurality of patient-centered integrated health care records are indexed in the integrated health care record by a patient identification (Evans; col. 8, lines 19-35).

[AA] As per claim 33, Evans teaches a health care system wherein the patient-centered integrated health care record resides on storage media (Evans; col. 13, lines 1-5).

[BB] As per claim 34, Evans teaches a health care system wherein the storage media includes at least one of a hard disk, a computer diskette, a compact disc, and a magnetic tape (Evans; col. 13, lines 1-5).

[CC] As per claim 35, Evans teaches a health care system further comprising a plurality of system users and corresponding system user interfaces, wherein more than one system user has access to the patient-centered integrated health care record at a given instant in time (Evans; col. 2, lines 45-64, col. 12, lines 56-67, and col. 13, lines 1-30).

[DD] As per claim 36, Evans teaches a health care system wherein information changed in the integrated data record by one system user is substantially instantaneously available to other system users accessing the patient-centered integrated health care record (Evans; col. 2, lines 22-64).

[EE] As per claim 37, Evans teaches a health care system wherein information changed in the

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patient-centered integrated health care record by one system user is available to other system users accessing the patient-centered integrated health care record upon refreshing of the other user's corresponding system user interface (Evans; col. 2, lines 22-64, col. 12, lines 56-67, and col. 13, lines 1-30).

[FF] As per claim 38, Evans teaches a health care system further comprising a security system in communication with the patient-centered integrated health care record and the system user interface for restricting the system user's access to the patient-centered integrated health care record (Evans; col. 13, lines 57-67, col. 14, lines 1-7, col. 15, lines 9-32).

[GG] As per claim 39, Evans teaches a health care system wherein the patient-centered integrated health care record includes security information related to the system user, where the security system restricts the system user's access to the patient-centered integrated health care record based on the security information (Evans; col. 13, lines 57-67, col. 14, lines 1-7, col. 15, lines 9-32).

[HH] As per claim 40, Evans teaches a health care system further comprising an emergency access system in communication with the security system and the system user interface for providing the system user with emergency access to the patient-centered integrated health care record (Evans; col. 13, lines 57-67, col. 14, lines 1-7, col. 15, lines 9-32).

[II] As per claim 41, Evans teaches a health care system further comprising an audit system

in communication with the integrated health care record and the system user interface for maintaining information relating to accesses of the patient-centered integrated health care record by the system user (Evans; col. 2, lines 32-38).

[JJ] As per claim 42, Evans teaches a health care system wherein the information relating to access of the patient-centered integrated health care record includes at least one of an access time of, a portion accessed of, and activities performed on the patient-centered integrated health care record (Evans; col. 2, lines 22-44).

[KK] As per claim 43, Evans teaches a health care system further comprising at least one software functionality for interfacing with the patient-centered integrated health care record, the at least one software functionality including at least one of registration, admission, discharge and transfer, accounting, risk management, inpatient clinical system, ambulatory EMR, web-based access, triage/call center, scheduling and OR management functionalities (Evans; Abstract and col. 2, lines 22-44).

[LL] As per claim 44, Evans teaches a method further comprising a plurality of patient-centered integrated health care records, each of the patient-centered integrated health care records including information related to health care delivery and information related to health care delivery management for a corresponding patient (Evans; Abstract and col. 2, lines 22-44).

[MM] As per claim 45, Evans teaches a health care system wherein at least one software

functionality includes duplicate patient-centered integrated health care record prevention functionality (Evans; col. 15, lines 9-32).

[NN] As per claim 46, Evans teaches a health care system wherein the duplicate patient-centered integrated health care record prevention functionality is performed using at least one of patient name, address, identification number, age, gender, social security information, e-mail address and alias (Evans; col. 15, lines 9-32).

[OO] As per claim 47, Evans teaches a method for providing health care comprising: storing information related to health care delivery for a patient, and information related to health care delivery management for the patient in a patient-centered integrated health care record (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21); and providing access to the integrated health care record for a system user via a system user interface (Evans; col. 2, lines 22-32).

[PP] As per claim 48, Evans teaches a method wherein the storing of information related to the health care delivery includes storing at least one of personal medical information and medical history (Evans; col. 5, lines 13-27).

[QQ] As per claim 49, Evans teaches a method wherein the storing of information relating to health care delivery management includes storing at least one of risk management information, financial information, patient demographic information, security information, scheduling

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information, patient status information and hospital structure information (Evans; col. 5, lines 29-55 and col. 9, lines 1-36).

[RR] As per claim 50, Evans teaches a method further comprising controlling the system user's access for writing information to the patient-centered integrated health care record using a lock manager (Evans; col. 15, lines 9-32).

[SS] As per claim 55, Evans teaches a method wherein the storing comprises storing a plurality of patient-centered integrated health care records, each patient-centered integrated health care record including information related to health care delivery and information related to health care delivery management for a corresponding patient (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21).

[TT] As per claim 56, Evans teaches a method further comprising indexing the plurality of patient-centered integrated health care records by a patient identification (Evans; col. 8, lines 19-35).

[UU] As per claim 57, Evans teaches a method wherein the storing information comprises storing information on storage media (Evans; col. 13, lines 1-5).

[VV] As per claim 58, Evans teaches a method wherein the storing information on storage media includes storing information on at least one of a hard disk, a computer diskette, a compact

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disc, and a magnetic tape (Evans; col. 13, lines 1-5).

[WW] As per claim 59, Evans teaches a method further comprising providing access to the patient-centered integrated health care record to a plurality of system users via a plurality of corresponding system user interfaces, wherein more than one system user has access to the patient-centered integrated health care record at a given instant in time (Evans; col. 2, lines 45-64, col. 12, lines 56-67, and col. 13, lines 1-30).

[XX] As per claim 60, Evans teaches a method further comprising updating system user interfaces for system users accessing the patient-centered integrated health care record where information corresponding to the patient-centered integrated health care record is altered (Evans; col. 2, lines 22-64, col. 12, lines 56-67, and col. 13, lines 1-30).

[YY] As per claim 61, Evans teaches a method further comprising restricting the system user's access to the integrated health care record using a security system (Evans; col. 13, lines 57-67, col. 14, lines 1-7, and col. 15, lines 9-32).

[ZZ] As per claim 62, Evans teaches a method further comprising providing security information in the patient-centered integrated health care record defining the system user access, wherein the restricting access is controlled by the security system based on the security information (Evans; col. 13, lines 57-67, col. 14, lines 1-7, and col. 15, lines 9-32).

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[AAA] As per claim 63, Evans teaches a method further comprising providing a system user with emergency access to the patient-centered integrated health care record using an emergency access system (Evans; col. 13, lines 57-67, col. 14, lines 1-7, and col. 15, lines 9-32).

[BBB] As per claim 64, Evans teaches a method further comprising maintaining information relating to system user accesses of the patient-centered integrated health care record by an audit system (Evans; col. 2, lines 32-38).

[CCC] As per claim 65, Evans teaches a method wherein the maintaining information includes maintaining information regarding at least one of an access time of, a portion accessed of, and activities performed on the patient-centered integrated health care record by the system user (Evans; col. 2, lines 22-44).

[DDD] As per claim 66, Evans teaches a method further comprising providing at least one software functionality for interfacing with the patient-centered integrated health care record, where the at least one software functionality includes at least one of registration, admission, discharge and transfer, accounting, risk management, inpatient, ambulatory, web-based access, triage/call center, scheduling and OR management functionalities (Evans; Abstract and col. 2, lines 22-44).

[EEE] As per claim 67, Evans teaches a method further comprising storing a plurality of patient-centered integrated health care records, each of the patient-centered integrated health care

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records including information related to health care delivery and information related to health care delivery management for a corresponding patient (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21).

[FFF] As per claim 68, Evans teaches a method wherein the providing of the at least one software functionality includes providing duplicate patient-centered integrated health care record prevention functionality (Evans; col. 15, lines 9-32).

[GGG] As per claim 69, Evans teaches a method wherein the providing of the duplicate patient-centered integrated health care record prevention functionality includes performing duplicate prevention using at least one of patient name, address, identification number, age, gender, social security information, e-mail address and alias (Evans; col. 15, lines 9-32).

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

[4] Claims 16-17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans in view of Cummings, Jr. (United States Patent #5,301,105).

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[A] Regarding claims 16-17, while Evans teaches an integrated health care record containing patient demographic information (Evans; col. 8, lines 61-67 and col. 9, lines 1-14), Evans fails to specifically teach the specific limitations of patient address, employer information, emergency contacts, or religious contacts (claim 16). Similarly, while Evans teaches security measures (Evans; col. 15, lines 9-32), Evans fails to specifically teach service areas, primary care physician, and restricted status flags (claim 17).

[i] However, Cummings, Jr. teaches an integrated health care record wherein the patient demographics information includes at least one of patient address, employer information, emergency contacts, and religious contacts (claim 16) (Cummings, Jr.; Abstract and col. 1, lines 54-68 and col. 5, lines 9-26) Further, Cummings Jr. teaches information including at least one of service areas, primary care physician information, and restricted status flags (claim 17) (Cummings, Jr.; col. 6, lines 44-54).

[ii] It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Evans with those of Cummings, Jr. Such combination would have resulted in an integrated health care record that enabled an authorized user to retrieve patient information including patient demographic data (Evans; col. 9, lines 1-14). Additionally, user authorization would have been enabled by multi-level security measures, thereby ensuring patient confidentiality (Evans; col. 15, lines 9-32). Further, patient demographic data would have included employer information and relevant physician data would have been maintained in a physician file and would have served to enhance the system's security measures

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(Cummings, Jr.; col. 5, lines 9-26 and col. 44-54). The motivation to combine the teachings would have been to provide an integrated system that enabled the interaction of the patient, health care provider, bank or other financial institution, and employer so as to include within a single system each of the essential elements to provide patients with complete and comprehensive health care and payment therefor (Cummings, Jr.; col. 1, lines 54-60).

[5] Claims 27-30 and 51-54 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans in view of Myers et al. (United States Patent #5,832,450).

[A] As per claim 27, although Evans teaches security measures regarding the recording of data in a patient data repository (Evans; col. 15, lines 9-32), Evans does not specifically teach the tokenization of data or the use of write tokens in formatting data.

[i] However, Myers et al. does teach the use of write token, the possession of which enables the system user to write information to the patient-centered integrated health care record (Myers et al.; col. 6, lines 30-63).

[ii] It would have been obvious to one of ordinary skill in the art at the time the invention was made to have combined the teachings of Evans with those of Myers et al. Such combination would have resulted in a system and method that enabled a health care provider to select, sort, and analyze patient data in addition to creating and maintaining patient data repositories in a large health care enterprise (Evans; col. 15, lines 9-32). Further, such a system would have

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provided for patient confidentiality and integrity of data through the use of a tiered password system (Evans; col. 15, lines 18-22). Lastly, security and write protections would have been enhanced through the use of an object-oriented data-base model, and more specifically, the use of tokens and tokenization of data to perform the text database functions (Myers et al.; col. 6, lines 14-50) The motivation to combine the teachings would have been to enhance the security of medical data entered and accessed through an electronic medical record which provides efficient indexing, storage and retrieval of medical information (Myers et al.; col. 2, lines 35-63).

[B] As per claim 28, Evans teaches a health care system further comprising a plurality of system users in communication with the patient-centered integrated health care record via respective system user interfaces (Evans; col. 2, lines 22-35). Myers et al. teaches the use of tokens with regarding to performing database functions (Myers et al.; col. 6, lines 14-50).

[C] As per claim 29, Evans teaches a health care system wherein the stored information includes information regarding a system user identification for the one system user and a system user interface identification for the one system user (Evans; col. 2, lines 22-44). Myers et al. teaches the use of tokens with regarding to performing database functions (Myers et al.; col. 6, lines 14-50).

[D] As per claim 30, Evans teaches a health care system wherein the patient-centered integrated health care record includes a plurality of accessible portions, enabling the system user to write information to the corresponding portion of the patient-centered integrated health care

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record (Evans; col. 6, lines 37-54). Myers et al. teaches the use of tokens with regarding to performing database functions (Myers et al.; col. 6, lines 14-50).

[i] Regarding claims 28-30, the obviousness and motivation to combine as discussed with regard to claim 27 above are applicable to claim 28-30 and are herein incorporated by reference.

[E] Claims 51-54 differ from system claims 27-30 in that claims 51-54 are directed to the method of claim 47. As per this element Evans teaches a method for providing health care comprising: storing information related to health care delivery for a patient, and information related to health care delivery management for the patient in a patient-centered integrated health care record (Evans; col. 2, lines 31-44, col. 4, lines 64-67, and col. 5, lines 1-21); and providing access to the integrated health care record for a system user via a system user interface (Evans; col. 2, lines 22-32).

[i] The remainders of claim 51-54 repeat the same limitations of system claims 27-30, and are therefore rejected for the same reasons given for those claims.

Conclusion

[6] The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Done, COMPUTER DISPLAY SYSTEM AND METHOD FOR FACILITATING ACCESS TO PATIENT DATA RECORDS IN A MEDICAL INFORMATION SYSTEM, United States Patent #5,361,202

Ballantyne et al., METHOD AND APPARATUS FOR ELECTRONICALLY ACCESSING AND DISTRIBUTING PERSONAL HEALTH CARE INFORMATION IN HOSPITALS AND HOMES, United States Patent #5,867,821

Saracco, TECHNIQUE FOR DETECTING A SUBSUMING TEMPORAL RELATIONSHIP OF VALID TIME DATA IN A RELATIONAL DATABASE MANAGEMENT SYSTEM, United States Patent #6,647,382.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert D. Rines whose telephone number is 571-272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.


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If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RDR

 3/3/06


C. LUKE GILLIGAN
PATENT EXAMINER